

Breast and Cervical Screening Form

Client Name	Phone Number	State ID	
Social Security Number - -	Date of Birth MM / DD / YYYY	Admin Site #	<input type="checkbox"/> Revised

CERVICAL CANCER SCREEN RESULTS

Date of Pap test MM / DD / YYYY

Pap specimen type ☐ Liquid ☐ Conventional

Adequacy of Pap specimen ☐ Satisfactory ☐ Unsatisfactory

Result of screening Pap test

☐ Negative for intraepithelial lesion or malignancy

☐ ASC-US

☐ Low Grade SIL (including HPV changes)

☐ **ASC-H**

☐ **High Grade SIL**

☐ **Squamous Cell Carcinoma**

☐ **Abnormal Glandular Cells**

Date of HPV/DNA test MM / DD / YYYY

High Risk HPV/DNA test results if done

☐ Positive ☐ Negative

Paid by MCCP

Pap test ☐ Yes ☐ No

HPV/DNA test ☐ Yes ☐ No

Respond for ALL clients screened for cervical cancer

Has this client had a hysterectomy? ☐ Yes ☐ No

If "Yes" was the hysterectomy
due to cervical neoplasia? ☐ Yes ☐ No

Is the cervix still present? ☐ Yes ☐ No

A client who has had a hysterectomy is eligible for an MCCP Pap test if the hysterectomy was due to cervical neoplasia or the cervix is present.

Reason for Pap test

☐ Routine screening

☐ Surveillance, follow-up of previous abnormal

☐ Done outside the MCCP, diagnostics only

☐ Not done, diagnostics only

☐ Breast record only

Date referred to the MCCP for diagnostic workup

Date referred MM / DD / YYYY

Additional procedures

- ☐ Not planned, normal follow-up
- ☐ Planned, further diagnostic tests needed

Recommended cervical cancer screening interval for this client

- ☐ Short term follow-up, abnormal protocol MM / DD / YYYY
- ☐ Every 3 years, age 21 to 65 MM / DD / YYYY
- ☐ Every 5 years, with HPV, age 30 to 65 MM / DD / YYYY

Recommendations/comments _____

Provider's signature _____

Print provider's name _____

BREAST CANCER SCREEN RESULTS

Date of Clinical Breast Exam MM / DD / YYYY

Clinical Breast Exam (CBE) findings

☐ Normal exam

☐ Benign findings

☐ **Abnormal, suspicious for cancer**

☐ CBE not done

Date of Mammogram MM / DD / YYYY

Mammogram type ☐ Digital ☐ Conventional

Mammography test results - BI-RAD Categories

☐ Negative - Category 1

☐ Benign - Category 2

☐ Probably benign short interval follow-up suggested - Category 3

☐ **Suspicious Abnormality - Category 4**

☐ **Highly suggestive of malignancy - Category 5**

☐ **Assessment Incomplete - Category 0**

Paid by the MCCP

CBE ☐ Yes ☐ No

Mammogram ☐ Yes ☐ No

Reason for Mammography test

- ☐ Routine screening
- ☐ Evaluate symptoms, positive CBE/prev abnormal mammogram
- ☐ Done outside the MCCP, diagnostics only
- ☐ Not done only received CBE or diagnostics
- ☐ Cervical record only

Date referred to the MCCP for diagnostic workup MM / DD / YYYY

Additional procedures

- ☐ Not planned, normal follow-up
- ☐ Planned, further diagnostic tests needed

Recommended breast cancer screening interval for this client

- ☐ Short term follow-up, abnormal protocol MM / DD / YYYY
- Personal history of breast cancer, or 1st degree family history, (parent, child, sibling) of pre-menopausal breast cancer
- ☐ Every 2 years MM / DD / YYYY

Recommendations/comments _____

Provider's signature _____

Print provider's name _____